



Your license to practice pharmacy in NH expires on December 31, 2015.

ALL SECTIONS MUST BE COMPLETED. ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

☐ **Pharmacist License Without Immunization Endorsement** - License Renewal Fee To Be Enclosed With This Form: **\$125**

☐ **Pharmacist License With Immunization Endorsement** - License Renewal Fee To Be Enclosed With This Form: **\$135**
(Your Current NH Pharmacist License Must Have This Endorsement - It Can Not Be Added As Part of This Renewal)

7. REGISTRATION AS AN IMMUNIZING PHARMACIST IN NEW HAMPSHIRE – SKIP THIS SECTION IF YOU ARE NOT REGISTERED AS A NH IMMUNIZING PHARMACIST

As a pharmacist registered to administer vaccines in NH per RSA 318:16-b & Ph 1300, you must maintain professional liability insurance and up-to-date CPR certification to continue to immunize patients in NH.

Do you have current (earned within the past 2 years) CPR / Basic Life Support certification (including hands-on skills training/assessment) from the American Heart Association or the Red Cross?

☐ Yes * If yes, you must also initial here to confirm you have current training/certification in CPR as Required by NH Law. _____

☐ No ** If no, your NH pharmacist license cannot be renewed with Immunization Endorsement until your certification is renewed.

Do you have current professional liability insurance coverage of at least \$1,000,000 ?

☐ Yes * If yes, what type of policy do you have? ☐ A policy provided through my employer ☐ A personal policy ☐ I have both a personal policy & one through my employer

☐ No ** If no, your NH pharmacist license cannot be renewed with Immunization Endorsement until you have current professional liability insurance of at least \$1,000,000.

8. CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS - ALL QUESTIONS MUST BE ANSWERED.

Since your last renewal:

A. Have you voluntarily surrendered for disciplinary issues your pharmacist license issued by any other state board of pharmacy or licensing agency?

☐ Yes* ☐ No * If Yes, Attach Explanation and Official Documentation from Other Board / Agency.

B. Has your pharmacist license in any state been revoked, suspended, restricted, or been subject to disciplinary action by any state board of pharmacy or licensing authority?

☐ Yes* ☐ No * If Yes, Attach Explanation and Official Documentation from Other Board / Agency.

C. Have you been charged or convicted (including a no-contest or guilty plea) of a felony or misdemeanor (other than minor traffic offenses)?

☐ Yes* ☐ No * If Yes, Attach Explanation and Official Court Documents.

D. Are you presently under investigation or is there any disciplinary action pending against you by any licensing jurisdiction, the Federal Food and Drug Administration, the Federal Drug Enforcement Administration, or any state drug enforcement authority for violation of any state/federal pharmacy, alcohol, or drug laws?

☐ Yes* ☐ No * If Yes, Attach Explanation and Official Documentation from Other Agency.

***You must explain each yes answer (additional information may be listed on an attached sheet of paper).
For any convictions or discipline, a copy of the legal/court documents must be submitted with your application.***

9. APPLICANT'S STATEMENT

My signature below affirms that the answers and statements made on this renewal application are true and correct to the best of my knowledge and belief. I also understand that pursuant to RSA 318:26-a, the Board must be notified within 15-days of any changes in the information contained on this form. Failure to notify the Board could result in disciplinary sanctions.

Signature: _____

Date: _____

INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT PAYMENT CANNOT BE ACCEPTED.